

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____
 Contact: _____ Telephone: _____
 REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2015

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2" x 14")	3	EO	xxx	3/1	NAIC	G, H(a), I, L, N(b)
	1.1	Printed Investment Schedule detail (Pages E01-E27)	3	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	G, H(a), I, L, N(b)3
	3	Protected Cell Annual Statement	3	EO	xxx	3/1	NAIC	G, H(a), I, L, N(b)
	4	Combined Annual Statement (8 1/2" x 14")	1	EO	xxx	5/1	NAIC	G, H(a), I, L, N(b)
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	M
	11	Actuarial Opinion	3	EO	xxx	3/1	Company	G, M, N(b)(e)
	12	Actuarial Opinion Summary	2	N/A	xxx	3/15	Company	M, N(b)
	13	Bail Bond Supplement	2	EO	xxx	3/1	NAIC	M
	14	Combined Insurance Expense Exhibit	2	EO	xxx	5/1	NAIC	M
	15	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	M
	16	Director and Officer Insurance Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M
	17	Exceptions to Reinsurance Attestation Supplement	2	N/A	xxx	3/1	Company	M
	18	Financial Guaranty Insurance Exhibit	2	EO	xxx	3/1	NAIC	M
	19	Health Care Exhibit (Parts 1, 2 and 3) Supplement	2	EO	xxx	4/1	NAIC	M
	20	Health Care Exhibit's Allocation Report Supplement	2	EO	xxx	4/1	NAIC	M
	21	Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	M
	22	Insurance Expense Exhibit	2	EO	xxx	4/1	NAIC	M
	23	Long-Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	M
	24	Management Discussion & Analysis	2	EO	xxx	4/1	Company	J, N(b)
	25	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	M
	26	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M
	27	Premiums Attributed to Protected Cells Exhibit	2	EO	xxx	3/1	NAIC	M
	28	Reinsurance Attestation Supplement	2	EO	xxx	3/1	Company	N(b)
	29	Reinsurance Summary Supplemental	2	EO	xxx	3/1	NAIC	N(b)
	30	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	G, I, N(b)
	31	Schedule SIS	2	N/A	N/A	3/1	NAIC	M
	32	Supplement A to Schedule T	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	G, M
	33	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	34	Trusted Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	G, M
		III. ELECTRONIC FILING REQUIREMENTS						
	60	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	61	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	62	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	63	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	
	64	Combined Annual Statement Electronic Filing	xxx	EO	xxx	5/1	NAIC	
	65	Combined Annual Statement .PDF Filing	xxx	EO	xxx	5/1	NAIC	
	66	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	67	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	68	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	69	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	70	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	N(d)
	82	Audited Financial Reports	2	EO	xxx	6/1	Company	J, N(b)
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	5/1	Company	J
	84	Communication of Internal Control Related Matters Noted in Audit	2	N/A	N/A	8/1	Company	R

	85	Independent CPA (change)	1	N/A	N/A	12/1	Company	N(d)
	86	Management's Report of Internal Control Over Financial Reporting	2	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	2	N/A	N/A	Within 10 days of CPA Discovery	Company	
	88	Request for Exemption to File	1	N/A	N/A	3/1	Company	J
	89	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	5/1	Company	J
	90	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	J
	91	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	J
	92	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	J
		V. STATE REQUIRED FILINGS***						
	101	Certificate of Compliance	0	0	0		State	
	102	Certificate of Deposit	0	0	0		State	
	103	Filings Checklist (with Column 1 completed)	0	0	0		State	
	104	Premium Tax	1	0	1	3/1	State	Q
	105	State Filing Fees	1	0	1	7/1	State	C, O
	106	Updated Biographical Affidavits	1	N/A	N/A	3/1, 5/15, 8/15, 11/15	Company	G, H(a) DOMESTIC ONLY
	107	Form B&C Holding Company Statement	1	N/A	N/A	4/15	Company	S
	108	Form B Supplement Fees Between Insurers and Affiliates	1	N/A	N/A	4/15	State	M
	109	Basket Clause	1	N/A	N/A	3/1	State	T
	110	TPA Affidavit Pursuant to §376.1084 RSMo	1	N/A	N/A	3/1	State	G, H(a)
	111	Application for Renewal of C of A	1	N/A	1	7/1	State	G, H(a), N(c)

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

***For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm